Z005-003

## LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA	030
PARISH OF st. Charles	
	<b>5</b>
	87 YES
I, Brian A. Fabre , resi	ding at 322 Resupre St., Laling, Lonisiana 2003
(Name)	(Mailing Address, including City & Zip Gode)
ana ana	
do declare that :	
	1,
That this disclosure statement is made	pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning
on January 1st , 20m.	yarden to contract. 42,1119b(2)(b) for the year beginning
(Year)	
	2.
	Ron-Voting Ex-Officio
That I am a Chief Executive /	Ex-Officio Board Member / Commissioner (circle one) of the
St. Coartes Parish	Hospital Service District / Public Trust Authority
(Name) and have served in this capacity since	April 17 2000
and have served in min expectly since	(Month) (Day) (Year)
	(recount) (Day) (Tear)
	3.
That my immediate family member, de	fined by LSA-R.S. 42:1102(13) as his children, the spouses
of children, his brothers, his sisters, the	spouses of his brothers, the spouses of his sisters, his narence
his spouse, and the parents of his spou	se, is employed by the described Hospital Service District
Public Trust Authority. The facts of s	ich employment are as follows:
Name of Immediate Family Mo	mber Andrea P D.L.
Relation of Immediate Family	Member Wife
Position:	Director of Laboratory
	ar): October 22, 1991
Applicable Exception (check a	I that apply):
Employed by Ho	spital Service District / Public Trust Authority for more than
one year prior to	filer becoming the chief executive or a board member or
commissioner o	f the Hospital Service District / Public Trust Authority
	-
Serving in public	employment continuously since April 1, 1980, the effective
date of the Cod	e of Governmental Ethics
	· · · · · · · · · · · · · · · · · ·
Hospital Service	District / Public Trust Authority has a district population of
100,000 or less :	and the family member is employed as a licensed physician
or registered nur	se. )
F.	. ( 11
	ua (c. tal
Signature	, Chief Executive, Hospital Board Member or Commission
0	, or

**NOTE:** These disclosure statements are due by **January 30<sup>th</sup> of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Fallure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.